

The Effects of the Incompatible “Soldier” Identity Upon Depression in Former Australian Army Personnel

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In recent years, there has been a concerted effort by social psychologists to link the social identity approach with general health and well-being. The research, however, has overlooked that a strong and enduring identity that is *incompatible* with an individual's current environment may have a negative effect upon that individual's mental health. A key example of this is the identity among ex-Army members as ‘Soldier’. To investigate this process, an online survey examined the structure of identity amongst ex-Army members, their perceived connectedness to their former Soldier in-group and their levels of depression. The results indicate that the more ex-Army members identify as a Soldier, the *greater* the presence of expressed levels of depressive symptoms. In contrast, having the perception of being more connected to their former Soldier in-group was associated with lower depressive symptoms, regardless of Soldier identity strength. Based on these data, recommendations are made for clinical practice among ex-Army personnel, particularly with regard to social identity transition and redevelopment, and interpersonal connectedness.

Currently, 46,400 former Australian Defence Force (ADF) personnel have sustained psychological injuries due to their service that are severe enough for them to have obtained support from the Department of Veterans' Affairs, and this number is expected to rise.¹ Although government research has been focused on deployed members,^{2,3} recent findings suggest this may be misdirected, with the United States ex-service population, regardless of whether or not they deployed on operational service, showing significantly more mental health disorders (e.g. depression), than both currently serving personnel and the general civilian population.^{4,5}

Deployment on operational service clearly contributes to an increased risk of poor mental health among ex-ADF members, but it may not be the only military-related factor involved. Social psychology,

in particular the social identity approach (SIA) theory,⁶ offers a unique perspective on what may be contributing to former military members' mental health. In this paper, we applied this approach to the analyses of ex-Australian Army members' experiences of subclinical depression, with the aim of providing greater insight into this at-risk population.

Depression

According to the biopsychosocial model of pathology, mental illness such as major depressive disorder (depression) is caused by the complex and varying interaction of biological, psychological and social factors within the patient.^{7,8} From a social perspective, the model suggests that external social factors, such as socio-economic status and culture, as well as more personal social influences, such as the individual's quality of interpersonal relationships, contribute to that individual's mental health.⁹ Indeed, the effect that an individual's interpersonal relationships have upon depression is well documented,^{10,11} with some authors conceptualising depression as a fundamentally social disorder.¹²

Social identity approach and depression

The SIA provides a framework within which psychologists have recently been assessing the social component of psychological health and well-being. The approach first presupposes that a person's concept of self is comprised not simply of personal identity (i.e. who one is as a unique individual), but also a myriad of social identities (i.e. who one is as a member of a group). In any given context, if the individual's group membership is cognitively salient, then that individual is predicted to engage in psychological processes mediated by a sense of self that is defined at that group level, facilitating that individual with a sense of purpose and meaning within the social world.⁶

When related to health behaviours, SIA argues that the social connections and support within an individual's environment influences the likelihood of that individual choosing to engage in behaviours that impact upon his or her physical and mental health.¹³ This effect is strongly linked to how people perceive the support around them, with the perception of an in-group member's support being more positive and leading to better mental health than support offered by an out-group member.¹⁶ When related specifically to depression, the effect of salient social identities has been linked to the processes of bringing meaning to the individual's life, encouraging the individual to both provide and receive social support, and to give the individual a sense of belongingness, thereby lowering that individual's depressive symptoms.¹¹

This negative relationship between depression and social identity may well be true in the case of the social identity as a soldier (here referred to as Soldier identity). If so, then it would be expected that increased levels of social identification with the Soldier identity may well lead to a *decrease* in depression among ex-Army members. However, a great deal of research demonstrates that the development of the Soldier identity comes at the expense of other (potentially valued) social identities. We next consider both the development of the Soldier identity, and the implications of maintaining that identity upon exit from the military.

Identity formation

The formation of the Soldier identity within military training institutions has long been recognised by social researchers as being different from most other groups, such as a local sports team.¹⁵ Military training institutions employ initial entry procedures, including such practices as: administrating a standard buzz haircut;¹⁶ prototype displaying, with the training staff providing the prototype of Soldier;¹⁷ social isolation, both physical¹⁶ and by encouragement of the recruits to self-isolate from their former civilian peers;¹⁸ and motivating the recruit to self-conform, such as giving positive affirmation when the recruit meets the standards of, and shows conformity to, the values of the institution.^{16,18}

These procedures are expected to (and mostly do) result in a strong and enduring identification of Soldier.¹⁹ They accomplish this social identification creation through the enhancement of normative fit to the in-group of Soldier (i.e. how the individual perceives himself or herself as fitting along the normative lines of the new in-group), comparative fit relative to the out-group of civilians (i.e. how the individual perceives his or her new in-group as being distinct from the wider society), and the willingness of

the individual to align himself or herself emotionally and cognitively with the new in-group. In this way, the Soldier identity can become prepotent, and may dominate self-definition to the exclusion of other social identities. This can result in military members feeling as though they are at home *only* when in uniform and when surrounded by their Soldier in-group.²⁰

Identity change during and after the transition event

For some, discharge from the military has been described as a reverse culture shock, and how the individual copes with the stress of the transition to civilian life is highly subjective.²¹ SIA understands this reverse culture shock in terms of the transitioning individuals experiencing the *loss* of their old social identity, while successful transition is dependent on these individuals' abilities to draw upon the resources associated with their *new* social identities.²² This represents a process of identity *change* that is, of course, complex and affected by a number of variables. Nevertheless, research has demonstrated that when individuals strongly identify with their old in-group they will be more *resistant* to change of this nature.²³ If the ex-Army member does, indeed, hold onto his or her Soldier identity, it may well lead to difficulties for that individual in re-establishing old social identities, or forming new ones upon discharge from the military.

Effect of the Soldier identity on levels of depression in ex-Army members

Individuals who fail to complete their identity transition run the risk of living in the past and holding onto their old in-group identity, subsequently placing them at risk of poor adjustment and subsequent mental health concerns following transition.²² Previous studies have demonstrated that large numbers of ex-Army members still hold onto their Soldier identities even decades after their discharge, often to the detriment of forming new identities.²⁴ Furthermore, there are currently no official programs to assist Australian ex-Army members to reintegrate back into wider society¹ and thereby reduce the strength of their Soldier identity. This is problematic, as the Soldier identity, with its martial values and insular culture, has been shown across the social^{25,26} and psychological texts,^{27,28} as well as from direct accounts of ex-Army members themselves,^{29,30} to have very little overlap with the wider, more democratic, civilian identity.

Thus, in contrast to much of the SIA literature, a high level of Soldier identity, *specifically among ex-Army*

members, may lead to worse mental health outcomes for these individuals. Explicitly, it may lead to an increased risk of depression, because they would be less able to identify with non-Soldier individuals who may be offering support, thereby reducing the chances of them perceiving that support positively and benefiting from it.^{13,14,31}

Exacerbating this situation is that, after transition from the military, many ex-Army members will become disconnected from their former Soldier in-group and will rarely associate with their former peers outside of formal military occasions, such as memorial days or reunions.³² Few modern ex-ADF members, due to concern about relevance, engage with established veterans' organisations such as the Returned and Services League (RSL), further decreasing the opportunity for these individuals to socialise with members of their former Soldier in-group.³³ Previous studies have established that disconnectedness of ex-service personnel from their former military peers is associated with increased risk-taking behaviours, increased homelessness and poor mental health.^{28,34}

There is a direct relationship between loneliness and social connection, with the level of loneliness considered inversely proportional to the level of social connectedness.^{35,36} Social connectedness is not to be confused with the objective amount of social contact the individuals have, however, but rather the degree the individuals *perceive* themselves to be connected.³⁷ Loneliness from one's in-group and the sense of identity loss have been shown to lead to a lower quality of life³⁸ and, more specifically, to a higher level of depression.³⁹ However, high levels of connection of ex-service personnel with their former military peers has been shown to help with both transition to⁴⁰ and support within⁴¹ the new civilian environment, such as a college campus.

To test the processes considered above, we sampled ex-Army members and measured their subclinical levels of depression. We then examined the relationship between the absolute level of Soldier social identification, on one hand, and levels of depression, on the other. In doing so, we recognised that the main effect of this variable could be moderated by the ex-Army members' levels of perceived social connection with their former Soldier in-group. For example, the potential positive relationship between Soldier identity strength and depression may only occur among those who no longer have any sense of connection with their former Soldier in-group. For this reason, self-reported connection with the Soldier in-group was also measured, and was examined as a potential moderator of the absolute level of social identification of Soldier.

Aims and hypotheses

This study aimed to contribute to the understanding of social identity transition by examining the relationship between the social identity strength of a former exclusive identity and mental health. The study used an ex-Army population, as this population was expected to have a strong and enduring social identity as Soldiers.

Two hypotheses were proposed. It was first hypothesised that stronger levels of Soldier identification within ex-Army members would be associated with *higher* levels of depressive symptoms. Furthermore, it was predicted that this relationship between the strength of the Soldier identification and depression would be moderated by those individuals' levels of *perceived connectedness* to their former Soldier in-group. Specifically, it was hypothesised that participants with a high strength of Soldier identification possessing high levels of perceived social connection to their former Soldier in-group would have *lower* levels of depressive symptoms than high Soldier identifiers with low levels of perceived social connection to their former Soldier in-group; this relationship was not expected for low Soldier identifiers.

Method

Study design and sample

The Australian National University Ethics Committee provided ethics approval for this study (Protocol 2016/232). A snowballing sampling strategy was used to maximise participation rates, with veteran networks contacted and requested to post the web-link to the survey on their respective social media sites. Participants were former Australian Army members ($n = 178$); the demographic information of the sample retained for analyses is displayed in Tables 1, 2 and 3.

Participants were provided with a web-link and invited to participate in an online Qualtrics-based survey at their own convenience. The survey was introduced as research on the effects of military identity on ex-Australian Army members' psychological functioning. Participants were informed that their participation was voluntary and that they could withdraw at any time, with no reimbursement offered, financial or otherwise. Due to the nature of this study's target research group, the measures used, though proven as valid and reliable to the construct they purported to measure, were selected to be as short as possible to minimise participant dropout rates.

Table 1 Sample military demographics

Corps	n	Enlisted or commissioned			Seniority (Rank)			Length of service					Time since discharge				
		Enlisted	Commiss- ioned	Unknown	JNCO	SNCO	Officer	<5	6-10	11-15	16-20	21+	<5	6-10	11-15	16-20	21+
	116	108	5	3	73	31	12	31	39	14	22	10	30	17	24	18	27

JNCO = junior non-commissioned officer, includes all ranks from Private through to Corporal

SNCO = senior non-commissioned officer, includes all ranks from Sergeant through to Warrant Officer Class I

Officer = commissioned officer, includes all ranks from Lieutenant to General

Table 2 Sample military demographics 2

Corps	n	Satisfied with discharge			Previous operations				Veteran group membership		
		Yes	No	Unknown	0	1	2	3+	Yes	No	Unknown
Total	116	55	60	1	39	39	17	21	37	54	25

Table 3 Sample general demographics

Corps	n	Gender			Age							Marital status				
		M	F	Unknown	18-20	20-30	30-40	40-50	50-60	60-70	70+	Unknown	Single	Married	Divorced	Unknown
Total	1166	106	10	1	1	9	28	34	34	9	1	0	18	80	17	0

Soldier identity strength. Soldier identity strength was measured using a variant of the Centrality of Identity Scale,⁴² which has been employed previously to measure identity change among prospective fathers.⁴³ Participants were required to enter all their known social identities and then assign them a relative value from 0-100% by dragging a bar to reflect their relative importance.

Perceived connectedness. Perceived connectedness was measured by using a re-worded variant of the Three Item Loneliness Scale.⁴⁴ Three questions were asked regarding how often participants felt they lacked companionship, felt left out, and felt isolated from their Australian Soldier in-group. Responses to these items were made on a 1-7 scale, with anchors at 1 = Not at all, 4 = Some of the time, and 7 = All of the time. Reliability was high, with Cronbach's alpha = 0.95, comparing favourably to the original study at Cronbach's alpha = 0.72.⁵¹ As loneliness and connectedness are conceived as different sides of the same construct,^{35,36} this measure was reverse-scored to obtain the participant's perceived connectedness with his or her Soldier in-group.

Depression. Participant depression levels were measured by using the Center for Epidemiologic Studies Depression scale (CES-D), which was created to assess respondent-perceived depressive symptoms.⁴⁵ A non-diagnostic scale was chosen to satisfy ethical requirements as the researchers were unable to either contact or treat any participant who could potentially be diagnosed as clinically depressed (if another scale were used). Participants were asked how often they felt or behaved a certain way during the past week, with questions including, 'I felt depressed'. Participants responded on a four-point scale, from 'Rarely or none of the time (less than 1 day)' to 'All of the time (5-7 days)'. In this case, Cronbach's alpha = 0.80, which compares favourably with the original paper (Cronbach's alpha = 0.85) and previous studies of at-risk populations.⁴⁶

Data analyses

All assumptions for sequential multiple regression were checked and data analyses were performed using Statistical Package for the Social Sciences (SPSS) version 23. Despite the shortened design, a large number of the eligible participants ($n = 62$)

Table 4 Effects of Soldier identity strength on depression^a

	B	SE B	t	p	95% CI for B		
					Lower	Upper	
Constant	9.344	0.862	10.837	<0.001	1.689	11.034	
Strength of Soldier identity	0.060	0.023	0.241	2.648	0.009	0.015	0.105

a Listwise deletion, n = 116

were observed to have either dropped out of the survey before completion or failed to fully complete the survey's questions nevertheless; Little's Missing Completely at Random test showed these data were missing completely at random, and they were subsequently deleted from further analyses. The dependent variable of depression was found to be slightly positively skewed at the overall level and was corrected by raising it to 0.8 (as the square root transformation was found to over-correct). The variable of perceived connectedness was shown to be bimodal. Although reducing this variable's variance, but as to meet the assumptions of multiple regression, perceived connectedness was, therefore, split into higher (coded as 1) and lower (coded as 0) perceived connectedness.

Effects of Soldier identity strength alone

A simple linear regression was performed to determine the relationship between Soldier identity strength and depression. A significant regression equation was found ($F_{(1,114)} = 7.01, p < 0.01$), with an R^2 of 0.058. Depression increased 0.06 points for each 1 per cent increase in strength of the participants' Soldier identity (Table 4). These results provided support to the first hypothesis that stronger levels of Soldier identification within ex-Army members would be associated with higher depressive symptoms ($\beta = 0.24, p < 0.01$).

Insert Table 4 About Here

Effects of Soldier identity strength and perceived connectedness

To determine whether addition of the variable of perceived connectedness contributes substantially to the model, sequential multiple regression analyses was performed. Levene's test of equality of error variances for the two levels of perceived connectedness was non-significant. After Step 1, with Soldier identity strength in the equation, $R^2 = 0.058$ ($F_{inc(1,114)} = 7.01, p < 0.01$). After Step 2, with perceived connectedness added into the equation, $R^2 = 0.17$ ($F_{inc(2,113)} = 11.59, p < 0.001$). Addition of perceived connectedness to the equation resulted in a significant increment in

R^2, R^2 change = 0.11 ($F_{change(1,113)} = 15.29, p < 0.001$). After Step 3, with the interaction term of Soldier identity strength*perceived connectedness added into the equation, $R^2 = 0.19$ ($F_{inc(3,112)} = 8.73, p < 0.001$). However, addition of Soldier identity strength*perceived connectedness did not result in a significant increment in R^2, R^2 change = 0.02 ($F_{change(1,112)} = 2.67, p = 0.11$), and therefore this interaction term was not included in the final model. This result did not support the interaction effect between Soldier identity strength and perceived connectedness as predicted by the second hypothesis.

Again, a simple linear regression was performed to determine the effects of Soldier identity strength and perceived connectedness upon depression. Table 5 shows that participants' predicted depression is equal to $11.445 + 0.052$ (Soldier identity strength) -4.044 (perceived connectedness) points when Soldier identity strength is measured as a percentage of total identity and perceived connectedness is measured as whether or not the participant feels connected to his or her former Soldier in-group.

Depression increased 0.052 points for each 1 per cent increase in strength of the participants' Soldier identity and decreased 4.044 points when participants felt connected to their former Soldier in-group.

Discussion

Influence of Soldier identity strength on depression

The results provided support for the first hypothesis, showing that strong Soldier identity among ex-Army members is associated with relatively high levels of non-clinical depression. This provided support for the argument that when group members strongly identify with an old identity with little overlap with their current environment, then they will be less able to identify with others outside of that identity who may offer support, thereby reducing the chances of these group members perceiving that support positively and benefiting from it.^{13,14,31} This would increase the risk of depression for these group

Table 5 Effects of Soldier identity strength and perceived connectedness on depression^a

	B	SE B		t	p	95% CI for B	
						Lower	Upper
Constant	11.445	0.974		11.747	<0.001	9.536	13.354
Strength of Soldier identity	0.052	0.022	0.206	2.395	0.018	0.009	0.095
Perceived connectedness ^b	-4.044	1.034	-0.337	-3.911	<0.001	-6.599	-3.841

a Listwise deletion, n = 116

b Transformed variable by binomial split

members. Of course, the current study did not examine directly all of these steps in this process (e.g. perceptions of social support), but the data do point to these as worthy foci of future work.

Influence of Soldier identity strength and connectedness on depression

The second hypothesis proposed that the effect of Soldier identity would be moderated by participants' sense of connectedness to their former Soldier in-group. Specifically, it was predicted that participants possessing a high strength of Soldier identification and high levels of perceived social connection to their former Soldier in-group would have lower levels of depressive symptoms than high Soldier identifiers with low levels of perceived social connection to their former Soldier in-group, and that this negative relationship would not occur for low Soldier identifiers. This pattern did not emerge. Instead, it was shown that high levels of perceived connection to the former Soldier in-group was associated with lower depression levels regardless of participants' Soldier identity strength. This result is inconsistent with previous research, which led us to expect that the positive mental health effects of group membership would be higher when members more highly identify with those around them as being part of their in-group.^{14,31}

A possible explanation for our results can be found in the unique mechanisms used during initial entry training into the Army. During initial military training, the new recruit becomes highly reliant upon his or her fellow recruit members both professionally and for support, a process encouraged by command staff.¹⁸ The resultant sense of interpersonal bonding appears universal by military recruits,¹⁸ and may well be independent to how much the individual identifies with the broader social category of Soldier. The mental health effect of this bonding, and the wish to re-engage in this sense of togetherness, may

in turn be interfering with the normal processes between strength of identity and connectedness.

Limitations

To ensure sufficient numbers, this study utilised existing veteran groups through social media to recruit participants. By utilising existing veteran groups, however, this study guaranteed that the participants had at least some level of connection to their former Soldier in-group. A reasonable objection could, therefore, be raised that these findings are applicable only to this survey's particular population and not to ex-Australian Army members in general. This argument cannot be confirmed or disconfirmed; nevertheless, broadening the participant pool by accessing agencies such as the Department of Veterans' Affairs or the Australian Army itself may be warranted in future research.

Conclusion

This present study investigated a new predictive factor upon depression, which up to now had been neglected within the mental health literature for ex-military personnel. The current findings indicate that when individuals strongly identify with a group that is otherwise incompatible with their current environment, this high level of identification will be associated with relatively higher depressive symptoms. In contrast, should individuals perceive themselves as *connected* to their former exclusive in-group, this will be associated with *lower* depressive symptoms, regardless of the extent to which they identify with that in-group's identity.

For clinicians treating depressed ex-military personnel, this study suggests two possible management strategies. The first is to query the extent to which one's client has successfully transitioned back to civilian life post service. If the client states that a significant component of his or

her identity is still as a Soldier, and especially should the client state that this has made it difficult for him or her to form new social relationships, then this should be seen as a potential clinical focus. A recent SIA-based group intervention, the 'Groups 4 Health' program, through its five modules of schooling, scoping, sourcing, scaffolding and sustaining, offers a potential treatment strategy for clinicians.⁴⁷ In this treatment program the authors demonstrated that they were able to change the structure of their participants' social identity by increasing participants' social identification with both the treatment group and with other social groups in general. When this change in social identification occurred, it led to improved mental health outcomes for the participants. Although not tested specifically on ex-military personnel, this program, by increasing social identification with other social groups, may also help to reduce the dominance of the client's Soldier identity, and therefore allow him or her to better relate to others in their daily life outside of the military context.

Recent SIA-based research by Scarf et al. supports the current paper's assertion that identity and

perceived sense of connectedness are two separate concepts, but also that they have differing impacts on an individual's mental health. In particular, they demonstrated that increased perceived connectedness with the group has a larger impact upon positive mental health outcomes for the individual (increased resilience) than level of group identification does.⁴⁸ Therefore, the second recommended management strategy, regardless of the degree to which a client continues to identify as a Soldier, is to encourage him or her to *reconnect* with former military peers. As shown in prior papers^{40,41} and within the current study, when ex-military personnel perceive themselves as connected to their former peers, they will experience improved mental health.

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